

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter::

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: STEALTH LIPID NANOCAPSULES, METHODS
FOR THE PREPARATION THEREOF, AND USE
THEREOF AS A CARRIER FOR ACTIVE
PRINCIPLE(S)

Attorney Docket Number:: 017753-201

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Didier

Middle Name::

Family Name:: HOARAU

Name Suffix::

City of Residence:: Montreal

State or Province of Residence:: Quebec

Country of Residence:: Canada

Street of Mailing Address:: 5716, rue Saint-Urbain

City of Mailing Address:: Montreal

State or Province of Mailing Address:: Quebec

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: H2T 2X3

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Pascal

Middle Name::

Family Name:: DELMAS

Name Suffix::

City of Residence:: Outremont

State or Province of Residence:: Quebec

Country of Residence:: Canada

Street of Mailing Address:: 97, McCulloch

City of Mailing Address:: Outremont

State or Province of Mailing Address:: Quebec

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: H2Y 3L8

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Jean-Christophe

Middle Name::

Family Name:: LEROUX

Name Suffix::

City of Residence:: Montreal

State or Province of Residence:: Quebec

Country of Residence:: Canada

Street of Mailing Address:: 329 Notre-Dame E, Apt. 327

City of Mailing Address:: Quebec

State or Province of Mailing Address:: Montreal

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: H2Y 3Z2

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/IB03/03213	06/11/2003
PCT/IB03/03213	An application claiming the benefit under 35 U.S.C. 119(e)	60/421,112	09/09/2002

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
France	0207175	06/11/02	Yes

Assignee Information

Assignee Name::	Ethypharm
Street of Mailing Address::	21, rue Saint-Mathieu
City of Mailing Address::	Houdan
State or Province of Mailing Address::	
Country of Mailing Address::	France
Postal or Zip Code of Mailing Address::	78550